



SFW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/686492
		Filing Date	October 14, 2003
		First Named Inventor	Wolfgang Fink
		Art Unit	3762
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	CTCH-P01-021

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Change of Attorney Docket Number Statement Under 37 CFR 3.73(b) Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Edward A. Gordon		
Date	February 28, 2005	Reg. No.	54,130

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Dated: 2/28/2005 Signature: Joanne Ryan (Joanne Ryan)



PTO/SB/122 (09-04)

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<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>		Application Number	10/686492
		Filing Date	October 14, 2003
		First Named Inventor	Wolfgang Fink
		Art Unit	3762
		Examiner Name	Not Yet Assigned
		Attorney Docket No.	CTCH-P01-021

Please change the Correspondence Address for the above-identified application to:

The address associated with Customer Number: **28120**

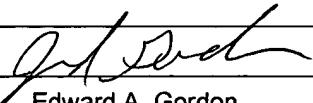
**OR**

<input type="checkbox"/>	Firm or Individual Name			Matthew P. Vincent ROPES & GRAY LLP		
Address	One International Place					
City	Boston	State	MA	Zip	02110-2624	
Country	US					
Telephone	(617) 951-7000			Fax	(617) 951-7050	

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I am the:

- Applicant/Inventor  
 Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record. Registration Number 54,130.  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature 

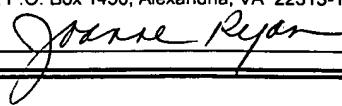
Typed or Printed Name **Edward A. Gordon**

Date **February 28, 2005** Telephone **(617) 951-7066**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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Dated: 2/28/05 Signature:  (Joanne Ryan)



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Dated: 2/28/05 Signature: Joanne Ryan  
(Joanne Ryan)

Docket No.: CTCH-P01-021  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Fink et al.

Application No.: 10/686492

Group Art Unit: 3762

Filed: October 14, 2003

Examiner: Not Yet Assigned

For: OPTICALLY POWERED AND OPTICALLY  
DATA-TRANSMITTING WIRELESS  
INTRAOCCULAR PRESSURE SENSOR  
DEVICE

**CHANGE OF ATTORNEY DOCKET NUMBER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from 06618-925001/CIT3783 to **CTCH-P01-021**. Please reference **CTCH-P01-021** on all future correspondence.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. CTCH-P01-021 from which the undersigned is authorized to draw.

Dated: February 28, 2005

Respectfully submitted,

By

Edward A. Gordon

Registration No.: 54,130  
ROPES & GRAY LLP  
One International Place  
Boston, Massachusetts 02110-2624

(617) 951-7000  
(617) 951-7050 (Fax)  
Attorneys/Agents For Applicant



PTO/SB/96 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Fink et al.Application No./Patent No.: 10/686492 Filed/Issue Date: October 14, 2003Entitled: OPTICALLY POWERED AND OPTICALLY DATA-TRANSMITTING WIRELESS INTRAOCULAR  
PRESSURE SENSOR DEVICECalifornia Institute of Technology, a university  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015006, Frame 0253, or for which a copy thereof is attached.

**OR**

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

\_\_\_\_\_  
Date

28 February 2005

\_\_\_\_\_  
Telephone Number

626-395-4567

\_\_\_\_\_  
Adam Cochran\_\_\_\_\_  
The Intellectual Property Counsel\_\_\_\_\_  
The California Institute of Technology

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Dated: 2/28/2005Signature: Joanne Ryan (Joanne Ryan)



MAR 8 2005

PTO/SB/82 (09-04)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/686492
	Filing Date	October 14, 2003
	First Named Inventor	Wolfgang Fink
	Art Unit	3762
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	CTCH-P01-021

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 28120 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 28120**OR** Firm or Individual Name **ROPS & GRAY LLP**  
**Matthew P. Vincent**Address **One International Place**City **Boston**Country **US** State **MA** Zip **02110-2624**Telephone **(617) 951-7000** Fax **(617) 951-7050**

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name **Adam Cochran, The Intellectual Property Counsel, California Institute of Technology**Date **28 February 2005** Telephone **(626) 395-4567**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.

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Dated: 2/28/2005

Signature: (Joanne Ryan)